

TOWN OF EAST HAMPTON
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
Apartment in Single Family Home

LANDLORD APPLICATION

THIS APPLICATION MUST BE HAND DELIVERED TO OUR OFFICE:
267 BLUFF ROAD IN AMAGANSETT.

OUR OFFICE HOURS ARE
MONDAY THROUGH FRIDAY 9:00 AM TO 4:00 PM (EXCEPT HOLIDAYS)

COPIES OR FAXES OF THIS APPLICATION WILL NOT BE ACCEPTED.

Please note:

- Applications will be reviewed upon receipt.
- You will receive written notification after that date as to whether your proposed tenants are eligible or your application is incomplete.
- Please read the entire application before you begin to fill in the blanks.
- Be sure to attach the required documentation.

Required attachments:

- **Copy of Lease**
- **Photo ID**
- **Proof of Residency in the Town of East Hampton**
- **Authority to act if signing on behalf of Corporation**
- **Check for \$50 made payable to East Hampton Town***
- **Copy of temporary Certificate of Occupancy**
- **Copy of fully completed application to Building Department**
- **Copy of the deed to the property upon which the apartment has been constructed showing that the 100% of the property is owned by the occupant.**

INCOMPLETE AND/OR UNCLEAR INFORMATION WILL DELAY THE REVIEW OF YOUR APPLICATION. PRINT CLEARLY, IN INK, AND FILL IN ALL LINES AND/OR BOXES THAT APPLY.

THE LAST PAGE OF THE APPLICATION IS FOR YOU TO WRITE ON IF YOU HAVE COMMENTS THAT YOU THINK WILL HELP US UNDERSTAND YOUR INDIVIDUAL SITUATION.

***If this is an application to legalize an otherwise illegal apartment the fee is \$500**

Application by Landlord

Your Name & Legal Address: (Where you reside)

Phone: (____) _____

Your Mailing Address: (Where you receive mail)

Cell Phone: (____) _____

Address of Unit:

Rent to be charged per month:

\$ _____

School District _____

**Contact Information in Absence of Owner
Name and Address**

Phone: (____) _____

Cell Phone: (____) _____

Part 1: Household Information

Include all people who will live in the unit. List information for adults first, beginning with primary lessee or head of household, then children under the age of 18. A maximum of Two (2) persons may occupy the apartment

Tenant's Last Name	First Name	Sex (circle)	Relationship to Primary	DOB
		M / F	Primary Lessee	
		M / F		

Sworn Affidavit

I, _____ hereby certify to the best of my knowledge that all of the information contained herein is true. I also certify that, except for actual utility charges, no other rent, consideration, remunerations or other compensation whether in money or services, is due from or will be charged to the occupant or occupants of the aforementioned apartment. If the occupancy of the unit or the rent charged to the tenant changes, I will inform the Office of Housing and Community Development within thirty days of said change.

I also certify that the property for which I seek a permit is my primary residence, I have no other residence and if I cease to reside at the herein property where the apartment has been approved, I will notify the Office of Housing and Community Development immediately.

Applicant's Signature

Date

State of New York, County of Suffolk} ss.

Sworn to me this _____ day of _____, 200_,

Notary Public

Warning! Making false or fraudulent statements on this application is a crime.

COMMENTS

Use this space to include any additional information you would like us to have at this time. You will be asked to document any and all information offered by you in making application for this apartment. Additionally, all information may be verified directly through a third party.

Be sure to:

- sign and date your application
- hand deliver to Housing and CD, 267 Bluff Road, Amagansett New York
- completely fill out and return only one application

Warning! Making false or fraudulent statements on this application is a crime.